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PHYSIOTHERAPY

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Content

Editorial

Rehabilitation After Anterior Cruciate Ligament Reconstruction

Mr. Louis TSOI and Dr. Arnold WONG

While there are new advancements in anterior cruciate ligament reconstruction (ACLR) surgery, the rehabilitation approach for ACLR is also evolving. In this issue, Ms. Chris CHAN shared with us a new exercise program to facilitate the return to sports of patients after ACLR surgery. In particular, her department establishes a new interactive sport-simulating program based on new evidence. The program consists of group classes and a well-structured home exercise program that could enhance performance of patients and prepare them to return to sports.

The NGO corner in this issue introduces a new primary healthcare initiative of the Government - District Health Centres (DHCs), and how they can improve the public-private partnership through the medical and social aspects of healthcare workers in each district. They integrate technology and innovative health management system to help local residents to lead a healthy lifestyle

In the People's Corner, Ms. Laura CHONG, and Ms. Fabiola MOK interviewed Dr. Ivan SU. Dr. SU shared his reason for becoming a physiotherapist and shared obstacles that he faced. He also talked about the attributes of a good physiotherapist and the vision he has for NGO in the next two decades.

As the New Year is coming, on behalf of the HKPA New Bulletin Editorial Board, we would like to wish you a happy and prosperous 2023.

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Performance enhancement and sport-simulating exercise class for patients with knee ACL reconstruction – A pilot program to facilitate return to sports

Ms. Chris CHAN
Physiotherapist I, MacLehose Medial Rehabilitation Centre

Background

An interactive sport-simulating exercise program to facilitate return to sports (RTS) after ACL reconstruction surgery (ACLR) was launched in Physiotherapy department, MacLehose Medial Rehabilitation Centre (MMRC) since 2019. The aim of our program is to establish a local RTS program for training and a well-structured home exercise program that could enhance performance and facilitate RTS.

Recent systematic review reported that 80% of ACLR patients returned to some sports but only 65% return to preinjury level and 55% to competitive level [1]. For those who returned to sports, ACL re-rupture rate could be as high as 4.5%, with half of re-rupture occurred during the 1st year after ACLR [2]. Patients with ACLR would seek advice from medical professionals on the timing and appropriateness to return to sports (RTS). Time criteria and performance-based criteria of RTS were commonly used for both training progression and advice on RTS clearance.

Studies suggested that patients who met RTS criteria were more likely to return to previous sport level. However, the rate of meeting all criteria was low, ranged from 3.2% to 17.4% depends on patient type and criteria used in different studies [2,3,4,5,6]. Reasons for failure included inadequate muscle strength (LSI<90%) especially hamstring, deficit in single leg hop tests (LSI<90%) and insufficient self-perceived knee functions [2, 3, 4, 5, 6]. Currently there was no gold standard for RTS test battery and RTS program (7). A more systematic and specific training program is needed to enhance physical and psychological readiness, thus to facilitate timely and safe RTS.

Recent studies on RTS rehabilitation reported providing a 10-session of return-to-sport training can significantly and clinically meaningfully improve functional outcome 2-years post ACLR [8]. Other studies suggested that increased hamstring strength and H/Q ratio were related to better functional scores [9,10, 11]. Therefore, intensive hamstring strengthening and specific functional training targeted on RTS seem to be an essential component in future RTS program.

Program design

A twelve-week program starting from **six months** till **nine months** post-op, alongside with our regular rehabilitation.

Patients are given two-hour training sessions, twice per week, including a 1-hr group exercise in the basketball court and a 1-hr equipment training in our physiotherapy department.

Highlights of our exercise class:

1. Intensive strengthening exercise for Hamstring and Quadriceps, weekly progression following a structured program, initiated by patient and under the supervision of physiotherapists.
2. Performance based progression on single leg hopping, jumping, plyometric exercises and agility drills.
3. Interactive group exercise in the basketball court: Sport-simulating training and drills for common sports (within the allowance of existing ACLR rehabilitation protocol)

Class contents

The classes typically begin with group core stabilization exercises which allowed participants to warmup and engage the group exercise atmosphere, followed by strengthening exercises. The classes emphasize the home-based exercises that are easy to follow, and is designed to allow patients to take the initiative in progressing and continuing even after discharge. Quadriceps strengthening including lunge walk, band walk, squats, side lunges, jumping and plyometric exercises. Hamstring strengthening including Nordic hamstring curl, single-leg deadlift, single leg bridging, hamstring curl on fit ball and so on. Quadriceps and hamstring strengthening exercises are performed alternatively to avoid fatigue.

(Continued on Page 3)

Figure 1. Core stabilization exercises modified for patient with ACLR

Figure 2. Hamstring strengthening with Nordic hamstring curl

Figure 3. Hamstring strengthening with bridging on fit ball

Figure 4. Side lunges for neuromuscular and functional training.

Figure 5. Box jump as a plyometric exercises, patients performed under a basketball stand to mimic the motion during basketball play.

After strengthening exercises, patients will perform individualized agility and functional training appropriate to their post-op stage. Functional training included a wide variety of double leg jump, single leg jump, box jump, balance and proprioception tasks. While agility training consisted of skipping, multidirectional running, shuttle run, figure of 8 run, run around cones, agility ladder and carioca. Progression of these exercises will only be made if patients could perform with satisfactory movement control and joint alignments. Strong emphasis is put on jumping and landing techniques to decrease the risk of re-injury. The class environment allowed the physiotherapists to supervise multiple patients efficiently, to ensure patient safety and the quality of the training.

Sport-simulating exercises

A highlight of our exercise class is the sport-simulating exercises. In order to improve the confidence in return to sports, the program should consist of elements to bridge the gap between conventional rehabilitation in the department and return to on-field sports. Our previous experience with ACLR patients indicated that they were worried about their usual sports movement might cause re-injury, and did not know their limitations in sports participation. Our exercise classes are based on existing allowance of ACLR protocol of Queen Mary Hospital (QMH), while adding tasks that simulating sports to our conventional rehabilitation task, such as jumping, single leg task, lunges etc. The aim is to connect rehabilitation to sports , thus boosting confidence in RTS and a sense of participation. Sport-simulating task were tailor made to a specific sport, supervised by physiotherapists, and only can be started if patient has achieved a satisfactory level of agility and functional performance.

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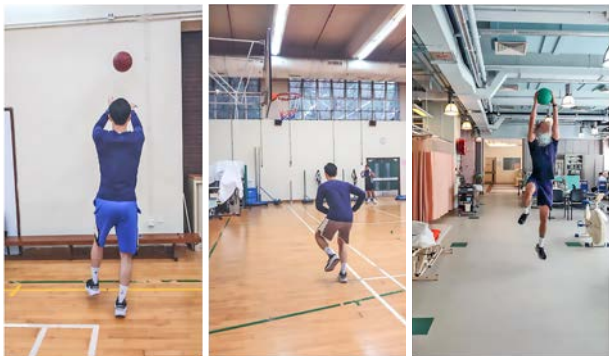

Figure 6. Sport-simulating task for basketball players: Single leg stand, side lunges, side lunges with hopping, exercises modified according to basketball motions.

Figure 7. Sport-simulating task for football players: single leg stand, single leg squat and balance training, modified according to football motions.

Figure 8. Significant improvement in Nordic hamstring curl after 12 weeks of exercise class.

Outcome measurements

Our exercise class was temporarily closed due to COVID 19 pandemic, and was restarted in 2022. Our preliminary data showed:

In isokinetic muscle testing, the percentage increased in Quadriceps strength at six weeks and 12 weeks were 12.44% and 17.56% respectively. Percentage increase in Hamstring strength at six weeks and 12 weeks were 16.22% and 17.83% respective. There was statistically significant improvement in RTS confidence with a mean improvement 16.1 out of 100 (p=0.006*, SD 13.12) in ACL RSI questionnaire. Our program was highly satisfied and appreciated by participants (Patient Satisfaction Questionnaire).

Moving forward

A Comprehensive program which started from pre-op to return to sports

Since 2022, we have strengthened our collaboration with the Department of Orthopaedics and Traumatology in Queen Mary Hosptial to launch a seamless comprehensive program for ACLR patients, which started from pre-op to return to sports. Our ACLR exercise class will become an essential part of the program.

Phase 1: Pre-operation:

Before the operation, a pre-operation comprehensive assessment for patients would be arranged for patients who joined our post-op rehabilitation program. After the assessment, patient education would also be provided on post-op management and rehabilitation journey to the patient.

Assessments included:

1. Quadriceps and Hamstrings strength measurement with isokinetic dynamometer
2. Functional assessment including single leg hopping, agility task, running and cutting
3. Self-perceived knee function by questionnaire.

Phase 2: Post-operation:

For patients who had surgery in Queen Mary Hospital/ Duchess of Kent Children Hospital (DKCH), Post-op physiotherapy referrals would be sent directly from ward upon discharge , patients would be contacted directly for appointment. Rehabilitation program usually would take 9 months to complete following the protocol developed in collaboration with Department of Orthopaedics and Traumatology in Queen Mary Hospital.

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Phase 3: Return to function and sports

Post-op 6 months assessment:

1. Quadriceps and Hamstrings strength measurement with isokinetic dynamometer
2. Self-perceived knee function and psychological readiness with questionnaire.

RTS exercise class and rehabilitation training till post-op nine months.

Post-op 9 months assessment:

1. Quadriceps and Hamstrings strength measurement with isokinetic dynamometer
2. Self-perceived knee function and psychological readiness with questionnaire.
3. Functional assessments including hopping and agility tests.

After post-op 9 months and upon completion of our classes, patient who meet our RTS criteria would be discharged with home exercise program. Doctors in Department of Orthopaedics and Traumatology in Queen Mary Hospital will be notified of patient's assessment result and decide for suitability of RTS clearance. Those who did not pass would be given boosting sessions and re-assess at twelve-month post-op.

With the new comprehensive program and ACLR exercise class, we aim to enhance physical and psychological readiness in RTS and improve patient journey for patients with ACLR.

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Tuen Mun District Health Centre
Brand New Experience for a SMART & Healthy Life

Evangelical Lutheran Church of Hong Kong (ELCHK)
Tuen Mun District Health Centre

District Health Centres (DHCs) are a primary healthcare initiative of the Government. They are public-private partnerships which cover both medical and social aspects of healthcare. They will become resource and service hubs for primary healthcare in each district.

As DHCs in every district start to offer services, many people are curious about how DHC can help citizens to build a healthy lifestyle and alleviate the pressure on the public health care system.

Tuen Mun District Health Centre (TMDHC) is operated by the Evangelical Lutheran Church of Hong Kong. We strive to integrate technology into daily life and offer an innovative health management system to help people in Tuen Mun to focus on their health and follow a healthy lifestyle.

A Multidisciplinary Team

TMDHC has a multidisciplinary professional team which includes nurses, physiotherapists, occupational therapists, dietitians, pharmacists, social workers and fitness coaches. We believe that lifestyle is closely related to health. Through the "6 lifestyle medicines" of exercise, mental well-being, social networking, healthy eating, enhancement of sleep quality and avoidance of harmful substances, members can improve their physical functioning and prevent many illnesses.

TMDHC is unique in focusing on disease prevention and health management in everyday life. We help members to identify health risks by offering health risk factors assessment, so as to recommend exercise programmes, chronic disease management plans/classes and rehabilitation services for those in need.

Fig. 1: Tuen Mun District Health Centre is located at 1/F, Rosedale Gardens Shopping Mall, Tuen Mun. It has 16,000 square feet of space

Fig. 2-5: TMDHC has advanced rehabilitation facilities for physiotherapy and occupational therapy

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Fig. 6-9: TMDHC has smart gym facilities to encourage good exercise habits

Fig. 10-11: TMDHC organises health-related class activities for all ages.

Fig. 12: TMDHC's mobile truck visits Tuen Mun starting from August 2022

New, Fun Experience for All Ages

Smart technology is a core concept of TMDHC because it can help to collect, manage and analyse health data systematically. TMDHC uses smart gym facilities and technology, including exercise bikes, weight-training machines and a health management mobile app, to help users keep track of their health data. This modern approach can help users of all ages as they travel on their disease prevention journey.

SMART Healthcare Services

TMDHC arranges over 200 health promotion and disease prevention classes for members each month. The classes provide an opportunity for citizens to learn about healthcare and engage in healthy activities at the same time, promoting mental and physical wellbeing.

We also promote smart health technology to society, and since August 2022 we have been using mobile facilities to bring services to people in the community. Tuen Mun residents can try our smart exercise bikes and health management systems and take part in risk assessments. They can also have quick consultations with medical staff and make appointments for further screening/assessment services.

As the old saying goes, prevention is better than cure. Minimising risk factors and detecting diseases early are important for a healthy life, and these are fundamental principles of TMDHC's healthcare philosophy.

Let's start our SMART life together and get healthier every day!

Tuen Mun District Health Centre

Operator:
Evangelical Lutheran Church of Hong Kong (ELCHK)

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CPD News

Enquiry of CPD News and Activities Please Visit

http://www.hongkongpa.com.hk/cpd/doc/CPD%20All.xls

An Interview with Dr. Ivan SU

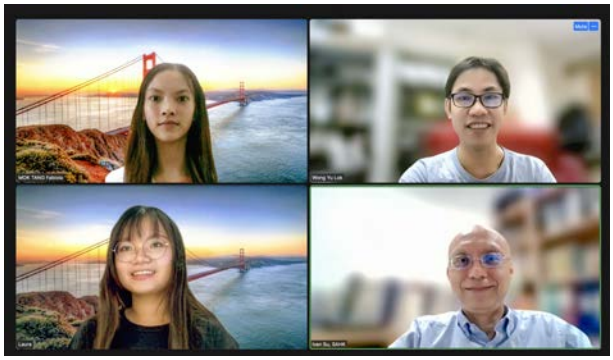
Date : 17 June 2022
Venue : Online meeting
Interviewee : Dr. Ivan SU
Interviewers : Ms. Laura CHONG, and Ms. Fabiola MOK
(Year 3 Physiotherapy students, The Hong Kong Polytechnic University)

Q1

What inspired you to become a physiotherapist?

A1

It is my privilege to serve people as a healthcare professional. At the very beginning, I would like to study medicine. Later, I found that doctors mainly work to save lives, while physiotherapists help to maintain the quality of life of patients. I am more passionate about improving the well-being of people with long-term or life-long disabilities in everyday life, so I chose to become a physiotherapist.



Upper left and right;
Ms. Fabiola MOK and Dr. Arnold WONG
Lower left and right:
Ms. Laura CHONG and Dr. Ivan SU

Q2

How did you start your career in SAHK? Why did you choose to work in an NGO?

A2

After graduationI was on the waiting list to work in a hospital. I made use of the undefined waiting time by working in The Spastics Association of Hong Kong (today known as SAHK). In the 80s, funding for NGOs was not comparable to nowadays. Patients had to buy their own apparatus for training. After working in a sheltered workshop for a while I chose to stay in the Association, despite the fact that there were opportunities for me to work in a hospital,

After working in an NGO for more than 3 decades, I found that physiotherapists in the community sector can target the needs of their patients more accordingly and continuously compared to those in the hospital sector. We can figure out some service gaps and pioneer new services to bridge the unmet needs. We can also advocate the government to regularise the pioneer service if promising results is demonstrated. In this connection, we are contributing to the betterment of the local community rehabilitation services for a better quality of life of survivors of chronic conditions.

Q3

At the beginning of your career, did you encounter some obstacles and how did you overcome them?

A3

Lack of resources is the major difficulty. The difficulty we were facing was the lack of funding source, and nowadays is the lack of manpower especially PTs in the community sector.

In addition, back then, I was working on one-man band in a sheltered workshop. But I worked closely with an experienced OT as a team under professional supervision and guidance of an experienced PT from another service unit. To be honest I enjoyed the autonomy in managing my clients in my own way, while I could ask for help from my supervisor whenever necessary. But most importantly, I was able to learn while helping my patients.

Q4

What is your vision regarding physiotherapy development in NGO in the next 20 years?

A4

Health care is a medical and social issue. While hospitals provide medical-oriented care, the

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community centers have an important role in catering for the preventive, chronic and social needs of the population. These community centers maintain both survivor and family functioning above the disability threshold, providing long-term health and social support and preventing complications, relapse and recurrence for a sustainable community reintegration.

However, there are not enough physiotherapists working in NGOs to meet the growing demand for community rehabilitation servicesThe unfilled vacancies in NGOs are at a record high due to better career prospect and professional growth in the hospital and private sectors. The rapid expansion of primary healthcare in community settings together with the recent mass migration wave in Hong Kong further worsen the manpower shortage in NGOs.

I sincerely hope that there can be a more balanced distribution of physiotherapists among the private, community and public sectors, so as to sustaina more comprehensive rehabilitation system, to address the essential needs of our aging population with increasing life expectancy.

Q5

What are the important attributes of becoming a good physiotherapist?

A5

I believe that a good physiotherapist should put the patients' best interest in first priority. Some physiotherapists are satisfied with the patients' improved condition in the clinical settings but neglect their performance in real-life situations. For patients with neurological impairments,an ecological approach in an adaptive environment must be taken into consideration in our intervention.

In my personal opinion, blurring of professional boundaries between different healthcare professional disciplines and delegation of rehabilitation services to the supporting staff are a necessity in community settings. Afterall, we are in the process of empowering the patients and their caregivers to better manage and cope with their chronic conditions.

Q6

What would be your advice for physiotherapy students and junior physiotherapists who would like to work in NGOs?

A6

We should treat our patients based on the ICF model proposed by WHO, that our interventions should concurrently address all the 5 components of its framework, with an ultimate goal of narrowing down the gap between "Capacity" in clinical settings and "Performance" in real-life settings. Thus, we shouldn't be restrained by our professional boundaries. We need to open up our mindset, broaden our skill set, and embrace the emerging technologies and trends in order to expand our clientele, who have issues about mobility and functional movement. Collaboration with, and learn from otherdisciplines are also important as we have to help our patients and their families in a holistic manner. These are the things that are not taught in school but are crucial for physiotherapists working in NGOs. Don't resist it, be open and give it a try.

Would a person be charged of riot if no riot occurred at the spot of arrest?

Mr. Bronco BUT
Honorary Legal Advisor of HKPA

Would a person be charged of riot if no riot occurred at the spot of arrest?

1. A large number of protesters entered the premises of The Hong Kong Polytechnic University ("the Poly U") since 11 November 2019 and did a series of riotous and illegal acts. The riot areas covered including but not limited to Cheung Wan Road and Museum Road.

2. At 19:00 on 17 November 2019, the Hong Kong Police Force set up cordon at all the entrances of the PolyU. The roads in the vicinity of the PolyU were locked down. No one was allowed to enter into or exit from the PolyU.

3. In the afternoon of 17 November 2019, the Police Facebook and the Government Information Bureau had issued announcements urging those people inside the PolyU to leave forthwith; any person who entered into or stayed at the PolyU might be prosecuted of the offence of riot.

4. Hong Kong Police Force announced that during the period from 19:00 to 22:00, they would allow those people within the premises of the PolyU to leave via Block Y on condition that they would be intercepted and searched by police officers to confirm that they did not commit a criminal offence.

5. At 22:00, the Police Commander of West Kowloon District issued a direction that all those persons who left the premises of the PolyU after 22:00 would be arrested for riot.

6. From 22:00 on 17 November 2019 to early hours of 18 November 2019, rioters hurled petrol bombs and bricks towards police officers.

7. Between 07:30-08:00 on 18 November 2019, it was relatively calm in the premises of PolyU.

8. Around 08:05, a large group of rioters ran out from Cheung Wan Road and charged towards the cordon of Police hurling petrol bombs.

9. Around 08:06, a group of rioters ("the Defendants") made use of the smoke emanating from petrol bomb as a cover to exit from the main entrance of PolyU and used Cheung Wan Road to leave the premises of PolyU. They then entered Science Road from Cheung Wan Road and then entered into the car parking area of the Hong Kong Science Museum; they finally entered Hong Kong Science Museum via its back door.

10. Around 08:30, police officers entered Hong Kong Science Museum and found the Defendants at the lift lobby and arrested them for riot.

District Court Criminal Case 191/2021

11. At the trial, the defence case of the 1st Defendant was that:

    (a) on 18 November 2019, a series of riots occurred within the premises of the PolyU but not a prolonged large scale riots;

    (b) there was no riot when the Defendants left the PolyU;

    (c) they were innocent and had legitimate reason of going to the PolyU; and

    (d) they had not participated in the riot

Legal meaning of "Taking part" in a riot

12. In the case of *HKSAR v Lo Kin Man*, the Court of Final Appeal stated clearly the legal meaning of "taking part" in a riot in paragraph 109

    "109. We summarize our conclusions as follows:

    (i) Section 18 Public Order Ordinance defines the elements which constitute an unlawful assembly and makes "taking part" in the unlawful assembly so constituted the actus reus of the offence. The constituent elements are for three or more persons assembled together to conduct themselves in the prohibited disorderly, etc, manner intended or likely to cause a reasonable apprehension that the persons so assembled will commit or provoke a breach of the peace. Any person who takes part in an unlawful assembly commits the offence.

    (ii) Section 19 Public Order Ordinance builds on section 18, making the existence of an unlawful assembly one of the constituent elements of the offence of riot. A riot comes into being when any person taking part in an unlawful assembly commits a breach of the peace, turning the assembly into a riotous assembly. The offence is committed by any person who takes part in a riot so constituted.

    (iii) Both offences are participatory in nature. The defendant must be shown not just to have been

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acting alone but to have taken part in the unlawful riotous assembly, acting together with others so assembled, being aware of their related conduct and with the intention of so taking part, ie, with a participatory intent. There is no requirement for the persons taking part to share some extraneous common purpose.

(iv) To "take part" in the relevant criminal assembly, the accused must perform the acts prohibited, ie, by behaving in the prohibited disorderly, etc fashion; or committing a breach of the peace; or acting in furtherance of such prohibited conduct by facilitating, assisting or encouraging those taking part in the criminal assembly.

(v) Mere presence at the scene of an unlawful or riotous assembly does not give rise to criminal liability. However, if the accused, being present, provides encouragement by words, signs or actions, he or she may be held to be "taking part"and guilty as principal or held to be an aider and abettor. In deciding whether a defendant was present at the scene, the court should take into account the possible fluidity of the criminal assembly and the communications maintained by participants with each other in ascertaining the time, place and scope of the assembly in question."

13. In deciding whether the 1st Defendant had the intention to participate in the riot, the court took in account the following matters.

14. The 1st Defendant should be well aware that a lot of protesters had gathered at the PolyU carrying out violent and illegal acts.

15. It was an indisputable fact that the Hong Kong Police Force had set up cordon at all entrances of PolyU at 19:00 on 17 November and locked down all sections of road leading to the PolyU. Therefore, the 1st Defendant must have entered PolyU before 19:00 on 17 November. If he had entered the PolyU as early as 11 November and had remained staying within the premises of the PolyU, he should have moved around within the premises of PolyU including going to the canteen. He should have seen that riots occurred within the premises of PolyU.

16. If the 1st Defendant entered the premises of PolyU around 19:00 on 17 November, he should have seen that a lot of protesters had guarded and blocked the entrances of PolyU; should be well aware of people gathering within the premises of PolyU.

17. Therefore, the 1st Defendant must know that on 17 and 18 November, a lot of protesters gathered within the premises of PolyU and there was violence.

18. According to CCTV footage, confusion occurred in the premises of PolyU in the evening of 17 November. The canteen and the gymnasium were occupied by the protesters to stock pile the supply materials.

19. According to the CCTV footage and news clips, hundreds of people gathered on the podium of PolyU around 07:30 on 18 November 2019. They were wearing goggles and helmets and were waiting for instructions. Anyone who saw the gathering of large crowd of people within the premises of PolyU must know that those gathered people were those protesters who had participated in violent acts.

20. The 1st defendant followed those protesters leaving the premises of PolyU, proceeded to Cheung Wan Road and Museum Road. According to the news clips, there was a fire at the main entrance when the 1st Defendant was leaving. Therefore, he must know that there was violence nearby and it was dangerous. The 1st Defendant was still following other protesters and proceeded to Museum Road, gathered at Museum Road and then proceeded to the Hong Kong Science Museum. There is no doubt that the 1st Defendant intended to take part and join those gathered rioters to breach the cordon of the police.

21. After considering the above, the Deputy District Judge Wong said that the irresistible conclusion was that the 1st Defendant was going to PolyU before 19:00 on 17 November. He knew that there were riots within the premises of PolyU. He went to PolyU and stayed at PolyU intending to lend courage to the protesters. The protesters were acting in numbers and using numbers to achieve their purpose. The trial judge said that the 1st Defendant intended to take part in the riot and convicted the 1st Defendant of riot.

Discussions

Generally, mere presence at the scene of a crime does not involve criminal responsibility. But presence to facilitate the commission of an offence by others has every potential to attract criminal responsibility. And so those present to 'lend the courage of their presence to the rioters, or to assist, if necessary' may be guilty with the active participants.

Whether a defendant has done enough to constitute "taking part", especially if by way of engagement, is a matter of fact and degree, taking all the circumstances into account.

It is strongly advisable that we should be vigilant and stay far away from any unlawful assembly so as to protect oneself from being charged with riot should there be a breach of peace.

Commercial Radio “人民大道中” 訪問: 基層醫療繫於物理治療

Date : 3 October 2022
Physiotherapist : Prof. Marco PANG

Prof. PANG was interviewed in the captioned program to give his views on direct access of physiotherapy.

Commercial Radio “人民大道中” 訪問: 物理治療有助分流病人

Date : 4 October 2022
Physiotherapist : Dr. Ivan SU

Dr. Ivan SU was interviewed in the captioned program to give his views on physiotherapists assisting triage of patients.

Meeting with Secretary for Health and Under Secretary for Health

Date : 4 October 2022
Venue : Central Government Complex of HKSAR
Physiotherapist : Prof. Marco PANG

A face-to-face meeting with Secretary for Health (Prof. Chung-Mau Lo) and Under Secretary for Health (Dr. Libby Lee) was held. At the meeting, Prof. Pang gave his standpoints on direct access of physiotherapy and the need to raise the starting salary of physiotherapists from point 14 to point 16 as part of the staff retention plan.

頭條日報:
手腳麻痺流口水或中風　專家教4招減發病風險

Date : 13 October 2022
Physiotherapist : Ms. Yuk Mun NG

Ms. Ng shared the wisdom of stroke prevention, early detection, disease management and rehabilitation of stroke survivors. Physiotherapist's participation is crucial in each phase of the client's journey.

Promotion of HKPA to physiotherapy students in Caritas Institute of Higher Education

Date : 14 October 2022
Venue : Caritas Institute of Higher Education
Physiotherapist : Prof. Marco PANG

Prof. PANG attended the Inauguration Ceremony of the Department of Rehabilitation Sciences of PolyU. He presented the All-round Outstanding Student Award and Best Student Project Award on behalf of HKPA. In addition, Prof. PANG gave a presentation to promote HKPA during the Year 1 PT Student Orientation session. Almost all Year 1 students joined the HKPA as student members at the end of the session.

Shooting of HKPA 60th anniversary and SG videos

Date : 22 October 2022
Venue : Metropolitian University
Physiotherapists : HKPA EC and volunteers

As part of the celebration of 60th Anniversary of HKPA in 2023, a official HKPA video and individual SG videos will be produced. Over 30 volunteers participated in the filming. HKPA would like to acknowledge Prof. William Tsang for allowing us to use the teaching laboratories at the Hong Kong Metropolitan University for the filming. The first video will be officially released on January 14, 2023.

Meeting with Management of Department of Rehabilitation Sciences, PolyU

Date : 25 October 2022
Venue : The Hong Kong Polytechnic University
Physiotherapists : Prof. Marco PANG and Mr. Raymond TSANG

Prof. PANG and Mr. TSANG attended this meeting organized by the Department of Rehabilitation Sciences (RS) of PolyU. At the meeting, the management team of RS gave an overview of the recent developments and future directions of RS.

Ming Pao interview: 醫護研設強制服務公院年期　醫協指留人「下策」業界憂離職潮損入行

Date : 30 October 2022
Physiotherapist : Prof. Marco PANG

Prof. PANG was interviewed by Ming Pao to give his views on the government's proposal to impose a mandatory service period in public hospitals for healthcare professionals.


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要聞

醫護研設強制服務公院年期 醫協指留人「下策」 業界憂離職潮損入行

2022/10/30

《施政報告》提到將要求合資格醫護在公營醫療機構服務一定年期，醫衛局長盧寵茂昨稱正考慮將專科醫生、護士、所有專職醫療人員納入相關安排，亦將適用於非本地培訓專業人員，而限制年期未有定案。（賴俊傑攝）

〈共1幅〉

Gerontech and Innovation Expo cum Summit: Opening Ceremony

Date : 2 November 2022
Venue : Hong Kong Convention and Exhibition Centre
Physiotherapist : Prof. Marco PANG

Prof PANG attended the Opening Ceremony of the captioned event held at the Hong Kong Convention and Exhibition Centre.

Discussion forum of ICF Symposium organised by Hong Kong Society for Rehabilitation

Date : 11 November 2022
Venue : The Hone Kong Society for Rehabilitation
Physiotherapist : Prof. Marco PANG

Prof. PANG was invited as one of the speakers of the ICF symposium. He welcomes the use of ICF in rehabilitation practice and stressed the importance of strengthening the education of the ICF theory and application among physiotherapy students and working physiotherapists.

Interview by RTHK

Date : 13 November 2022
Venue : A private clinic
Physiotherapist : Prof. Marco PANG

Prof. Marco PANG gave his views on direct access in this programme, which will be broadcasted in mid-December, 2022.

RS 9th Elite Alumni Seminar

Date : 24 November 2022
Venue : InterContinental Grand Stanford Hong Kong
Physiotherapist : Mr. Bronco BUT and HKPA EC

Our Honorary Legal Advisor was invited by the Department of Rehabilitation Sciences at The Hong Kong Polytechnic University to be one of the elite alumni speakers at the RS 9th Elite Alumni Seminar. Mr. BUT delivered an inspirational talk entitled "How to make dreams come true?" to the audiences.

香港物理治療學會
HONG KONG PHYSIOTHERAPY ASSOCIATION

ANNIVERSARY
HONG KONG PHYSIOTHERAPY ASSOCIATION

HKPA 60th Anniversary Conference

24 June 2023 Nina Hotel Tsuen Wan West

CALL FOR ABSTRACT!

Keynote speakers:

Dr. Terry Ellis
Associate Professor
Boston University

Prof. Chris Maher
Professor
The University of Sydney

Dr. Amanda Piper
Clinical Lead
Royal Prince Alfred Hospital

Deadlines:
Abstract submission: March 15, 2023
Early bird registration for the conference: April 15, 2023

Co-organiser

香港都會大學
護理及健康學院
Hong Kong Metropolitan University
School of Nursing and Health Studies

物理治療學系
Department of Physiotherapy

Speaker Profile

Dr. Terry Ellis

Associate Professor and Chair of the Department of Physical Therapy, FAPTA; Director of the Center for Neurorehabilitation, Boston University

Terry Ellis, PhD, PT, FAPTA is an Associate Professor and Chair of the Department of Physical Therapy and the Director of the Center for Neurorehabilitation at Boston University. Dr. Ellis is also the Director of the American Parkinson Disease Association National Rehabilitation Resource Center. Her research is funded by NIH and several Parkinson's Foundations and focuses on investigating the impact of exercise and rehabilitation on community mobility in individuals with Parkinson disease. Dr. Ellis has a Ph.D. in Behavioral Neurosciences from Boston University School of Medicine and is a licensed physical therapist with board certification in Neurologic Physical Therapy. She has published numerous articles and lectures internationally on topics related to rehabilitation, exercise and mobile health technologies in persons with Parkinson disease.

Keynote lecture title: Innovative Technology Driven Approaches to Optimize Real World Performance in Persons with Neurological Conditions

Prof. Chris Maher

Professor, School of Public Health; Co-Director, Sydney Musculoskeletal Health, The University of Sydney

Professor Chris Maher is a physiotherapist, recognised internationally for his clinical research in the low back pain field. He has degrees in physiotherapy, exercise and sports science, a PhD and a Doctor of Medical Sciences. Chris is a professor in the School of Public Health at the University of Sydney and was one of the founding directors of the Physiotherapy Evidence Database (PEDro). Chris is a fellow of the Australian College of Physiotherapy and also the Australian Academy of Health & Medical Sciences. He has been a National Health and Medical Research Council Research Fellow since 2006 and has >800 journal papers, 44 PhD completions and $67M in grants.

Keynote lecture title: Practice Changing Back Pain Research; More Than Meets the Eye

Speaker Profile

Dr. Amanda Piper

Senior Physiotherapist & Clinical Lead for the Respiratory Support Service, Department of Respiratory and Sleep Medicine at Royal Prince Alfred Hospital Sydney

Dr. Amanda Piper PhD is a Senior Physiotherapist and Clinical Lead for the Respiratory Support Service, Department of Respiratory and Sleep Medicine at Royal Prince Alfred Hospital Sydney; and an associate editor for Respirology. She has been involved in the assessment and management of patients requiring non-invasive ventilation for more than 30 years. Dr Piper's major research interests include the interaction between sleep and the development of awake hypercapnia and non-invasive ventilation in neuromuscular disorder. She has published widely on these topics, producing over 100 journal articles and 11 book chapters. She is a past/current supervisor of 10 PhD candidates. In addition to speaking engagements, Dr Piper has also designed and conducted numerous courses and workshops across the globe covering the practical aspects of NIV therapy. Dr Piper has been closely involved in the development of clinical practice guidelines for the use of non-invasive ventilation within Australia (Agency for Clinical Innovation, NSW Health; "Non-invasive Ventilation Guidelines for Adult Patients with Acute Respiratory Failure" and "Domiciliary Non-Invasive Ventilation in Adult Patients: A Consensus Statement") and internationally (American Thoracic Society clinical practice guidelines: "Management of stable Ambulatory Obesity Hypoventilation Syndrome" and " Noninvasive ventilation for stable hypercapnic COPD"). In 2021 she was awarded life-time membership to the European Respiratory Society for contributions to the Society in the areas of NIV and respiratory failure.

Keynote lecture title: Breathing life into Cardiopulmonary Respiratory Care

Pre-conference Workshops (23 June 2023)

Workshop 1 (half-day AM session) by Dr. Terry Ellis

Title: Contemporary Evidence-Based Physical Therapy for Patients with Parkinson Disease

Parkinson disease (PD) is a chronic health condition that must be successfully managed over a period of many years. Physical therapy and exercise are essential to optimize the long-term outcomes of persons living with PD. This course will focus on providing a contemporary, evidence-based perspective on the physical therapy management of persons with PD over the disease continuum. We will begin with a brief review of the underlying neuropathology associated with PD. Following this, an evidence-based approach to physical therapy examination will be described, including recommendations for standardized outcome measures. The potential disease modifying effects of exercise will be discussed. The evidence supporting key elements of physical therapy treatment and the mechanisms underlying their benefit will be covered. These include, but are not limited to, gait training (i.e., treadmill, overground, dual task, cueing), balance training, falls mitigation, aerobic exercise and resistance training. Issues related to exercise intensity, choosing exercise mode and the timing of exercise related to disease progression will be emphasized. Finally, a secondary prevention model of care will be discussed to highlight the application of course content to real-world clinical practice.

Objectives:

Following completion of this course, participants will be able to:

1). Describe the neuropathology underlying Parkinson disease and clinical manifestations that emerge as a result of this condition

2). Synthesize the evidence demonstrating the benefits of physical therapy and exercise in the treatment of Parkinson disease

3). Compare and contrast the various types of exercise and the expected outcomes that correspond to the different modes of exercise

4). Describe a secondary model of care for patients with Parkinson disease and justify this approach based on the evidence.

Pre-conference Workshops (23 June 2023)

Workshop 2 (half-day PM session) by Prof. Chris Maher

Title: What does the evidence say about managing low back pain in a direct-access setting?

The workshop will introduce participants to clinical practice guidelines and the underpinning evidence on assessment and management of low back pain. The workshop will focus on four clinical contexts:

- Management of low back pain in the emergency department
- Management of low back pain in primary care
- Surgical and interventional procedures
- Prevention of low back pain

Objectives:

The aim is to equip participants with an understanding of the evidence-based treatment choices available to clinicians managing low back pain and provide them with an appreciation of the key research papers that justify these treatment approaches. The assumption is that the clinician will be working in a direct-access setting and would have responsibility for diagnostic triage, initiating tests and treatments and referring patients for specialist review.

Post-conference Workshops (25 June 2023)

Workshop (half-day AM session) by Dr. Amanda Piper

Title: T.B.C.

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香港物理治療學會有限公司
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Room 901, 9/F Rightful Centre, 12 Tak Hing Street, Jordan, Kowloon, HKSAR
www.hongkongpa.com.hk　Tel: (852) 2336 0172　Fax: (852) 2338 0252

Hong Kong Physiotherapy Association

Theme: HKPA 60th Anniversary Conference 香港物理治療學會 60 週年會議

Pre-Conference Workshops: 23th June 2023; Conference: 24th June 2023; Post-Conference Workshop: 25th June 2023

REGISTRATION FORM

- **PAYMENT METHOD FOR LOCAL DELEGATES:**

1. Please return the registration form and cheque(s) (HK Dollar only) make payable to "**Hong Kong Physiotherapy Association Limited**", and send to "**Ms. Anna Bella Suen (Professor of Practice), Room ST530, 5/F, The Hong Kong Polytechnic University, Hung Hom, Hong Kong**."
2. **Please send separate cheques for enrolment of individual workshop and conference.**

- **PAYMENT METHOD FOR NON-LOCAL DELEGATES (including Macau and Mainland China):**

Please **ADD HK$120 service charge** to the total amount and send via telegraphic transfer.

Beneficiary Bank: Hang Seng Bank Limited

Beneficiary Bank Address: 83 Des Voeux Road Central, Hong Kong

SWIFT Code: HASEHKHH

CHIPS No. 010522

Beneficiary Name: Hong Kong Physiotherapy Association Limited

Beneficiary Account Number: 278-294822-001

- The conference fee includes access to all lecture sessions, exhibition halls, one e-copy of proceeding, two tea breaks, and one lunch (Complimentary lunch will be provided on **24th June 2023**). The above registration fee is non-refundable.

- **Student rate for conference will be only offered to full-time undergraduate PT students or entry-level Master PT students.**

- **Deadline for early bird registration: 15th April, 2023**.

- Deadline for registration: **15th June 2023**.

- For enquiry, please contact Ms, Anna Bella Suen at (email) annabellasuen@yahoo.com.hk.

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Theme: HKPA 60th Anniversary Conference 香港物理治療學會 60 週年會議

Pre-Conference Workshops: 23th June 2023; Conference: 24th June 2023; Post-Conference Workshop: 25th June 2023

Name (Prof. / Dr. / Mr. / Ms. / Mrs.): _____
ENGLISH

_____
CHINESE

Membership Number (if applicable): _____

Institution: _____ Position: _____

Correspondence Address: _____

_____

Phone Number: _____ _____ _____
OFFICE HOME MOBILE

Fax Number: _____ E-mail: _____

Signature: _____ Date: _____

	Conference at Nina Hotel	Pre-Conference Workshop	Post-Conference Workshop
	24th Jun 2023	**23th Jun 2023 (Half-day)** **Choose:** ☐ **Pre-conference workshop 1** ☐ **Pre-conference workshop 2**	**25th June 2023 (Half-day)**
HKPA / MPTA members	☐ Early bird*: HK$ 1,200 ☐ Regular: HK$ 1,700 ☐ Full-time Undergraduate Student: HK$ 150	☐ Early bird*: HK$ 750 per workshop ☐ Regular: HK$1,000 per workshop ☐ Full-time Undergraduate Student: HK$ 100 per workshop	☐ Early bird*: HK$ 750 ☐ Regular: HK$ 1,000 ☐ Full-time Undergraduate Student: HK$ 100
Non-HKPA members	☐ Early bird: HK$ 1,900 ☐ Regular: HK$ 2,400 ☐ Full-time Undergraduate Student: HK$ 250	☐ Early bird: HK$ 1,500 per workshop ☐ Regular: HK$ 2,000 per workshop ☐ Full-time Undergraduate Student: HK$ 200 per workshop	☐ Early bird: HK$ 1,500 ☐ Regular: HK$ 2,000 ☐ Full-time Undergraduate Student: HK$ 200
Conference Workshop(s) *** Early bird (on or before April 15, 2023)**			HK $ HK $
DISCOUNTED CONFERENCE FEE: If register for conference + at least one workshop: 10% discount of the CONFERENCE FEE is offered.			Discounted conference fee (if applicable): HK $
Cheque Information		Bank:	
Cheque Number (**Conference**): Cheque Number (**Workshop 2**):		Cheque Number (**Workshop 1**): Cheque Number (**Post-Conference Workshop**):	

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The Hong Kong Physiotherapy Association 60th Anniversary Conference
香港物理治療學會 60 週年會議

Instructions for Authors: Abstract Submission

1. Abstracts must be typed in **English**.
2. **Single line spacing** should be used for the text, with **11-point font size** (Times New Roman) and should be kept within the frame borders.
3. Title:
    - The title of the abstract should be in **capital letters**.
4. Authors:
    - The authors' names should be presented with the **surname first followed by the initials.**
    - **The highest qualification, and primary affiliation** of each author should be included.
    - The name of the **presenting author** should be **underlined**.
5. Text:
    - The main text of the abstract (Background and Purpose, Methods, Results, and Conclusions) should be no more than 250 words.
    - Please **DO NOT** put any tables or figures in the abstract.
6. Information of the presenting author:
    - Provide the name, mailing address, and email address of the **presenting author**.

- **The deadline for submission is March 15, 2023**.
- Incomplete or late submissions will not be considered.
- Each presenting author can submit **no more than 2 abstracts**.
- Authors will be informed of the success of their submissions on or before April 5, 2023.
- Abstracts should be submitted to Dr. Arnold Wong (Chairperson of the Scientific Programme Subcommittee, see contact information below) by email.
- Authors should contact Dr. Arnold Wong if they have not received a reply by then.

For further enquiries, please contact:
Dr. Arnold Wong
Chairperson, Scientific Programme Subcommittee,
The Hong Kong Physiotherapy Association 60th Anniversary Conference

E-mail: arnold.wong@polyu.edu.hk

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The Hong Kong Physiotherapy Association 60th Anniversary Conference
香港物理治療學會 60 週年會議

Please read the instructions to authors before completing the form

Title:

Authors (last name, initials, highest degree, one primary affiliation)

Background and purpose:

Methods:

Results:

Conclusion:

Presenting author only:
Name:
Mailing address:
Email address:

Presentation Preference (Please tick) : ☐ **Oral** ☐ **Poster**

Are you willing to do a poster presentation if your paper is not selected for oral presentation?

(Please tick) : ☐ **Yes** ☐ **No**

Abstract will be reviewed and assigned to different presentation sessions by the Scientific Programme Subcommittee

(Word limit: no more than 250, excluding title and authors)

VCARE 香港痛症學院

Course 1 氣化理筋文憑 Diploma in COMT technique VE230302

課程背景：
古時之中國醫術普遍是以口傳心授形式傳授給弟子，並非像現今般公開於書本中。本課程之內容正是源自道家口傳心授之理筋按穴手法。重點內容包括過去未公開之開氣場手法、開穴手法、開關手法、上下肢撥筋手法、胸腹背撥筋手法。而各種手法均能疏通經洛，促進氣血運行，激發元氣，達到防治疾病之果效。所有內容均是道家口傳心授之絕密內容。這是一套能高效針對多種專科之手法治療。

日　　期：2/3/2023-18/5/2023（逢星期四），共十二堂
時　　間：7:00 pm- 9:00 pm
地　　址：九龍尖沙咀麼地道 28 號中福商業大廈 6 樓 601-602 室。（鄰近 K11/ 尖東港鐵站 N1 出口）
全期學費：$18,000
CPD Points：15 (pending)

名額：額滿即止
對象：適合對高效手法治療有興趣之人士
附註：以上上課日期、時間、地點及講師可能有所更改，將另行通知。
除了本學院取消課程外，其他情況概不退回已繳學費。

Course 2 高級針灸證書課程(系列一) Higher Certificate in Acupuncture (I) VE230525

課程背景：
古時之針灸是包含豐富的天文學及術數之運用。本課程之針灸內雖然涉及較高級之易理術數、八卦、內經典籍，但陳醫師會化繁為簡，使學員能把過去被認為頗難之易理針道在短時間能掌握運用。內容包括：正宗子午流注納甲法、正宗靈龜八法、五運六氣針法、命門八卦針法、地支三合四化針法、臟腑全通針法、紫微補瀉針法等。此針法適用於一切內、外、婦、兒、骨傷、腦神經科、腫瘤科、皮膚科及奇難雜症。

日　　期：25/5/2023-3/8/2023（逢星期四），共十堂
時　　間：7:00 pm- 9:00 pm
地　　址：九龍尖沙咀麼地道 28 號中福商業大廈 6 樓 601-602 室。（鄰近 K11/ 尖東港鐵站 N1 出口）
全期學費：$20,000
CPD Points：10 (pending)
CME Points：10 (pending)

名額：額滿即止
對象：報讀者必須對針灸有基本認識
附註：以上上課日期、時間、地點及講師可能有所更改，將另行通知。
除了本學院取消課程外，其他情況概不退回已繳學費。

課程申請表格

1 報名方法：請填妥以下報名表格 • 親臨或郵寄地址：九龍尖沙咀麼地道 28 號中福商業大廈六樓 601-602 室
2 繳費方法：劃線支票（抬頭請註明 VCARE INTERNATIONAL MEDICAL LIMITED）
3 課程查詢：致電 27392727 或電郵至 vcareintl@gmail.com
4 注意事項：4.1 如報名人數不足，本公司有權取消課程，並將會另行通知受影響之學員
4.2 請填好下列表格，資料會於開課當天跟學員核對，以作日後簽發證書之用

學員姓名 中文		職　　業	
學員姓名 英文		畢業年份	
身份證號碼		工作機構	
聯絡地址			
電郵地址		課程編號	
聯絡電話		總費用	
日　　期		支票號碼	

以上一系列課程由陳國正導師主講

陳國正
註冊中醫
註冊物理治療師
英國威爾斯大學痛症醫學碩士
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前香港中文大學中西醫結合醫學研究所臨床專業顧問（名譽）
香港痛症學院校監

For enquiry, please contact Prof. Marco PANG
Tel: 2766 7156
Dept of Rehabilitation Sciences
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Correspondence of HKPA Executive Committee Members (2021-2023)

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International Affairs and Publications Subcommittee Member	Dr. WONG Yu Lok, Arnold	The Hong Kong Polytechnic University	2766 6741	arnold.wong@polyu.edu.hk
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	Mr. NGAI Chi Wing, Gorman	Private Practice	9759 0823	gorman_hk@hotmail.com
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Professional Development Subcommittee Members	Mr. YEUNG Ngai Chung, Ivan	Physiotherapy Department, YCH	2417 8214	ivanyeunghkpa@gmail.com
	Mr. CHAN Kin Tung, Francis	Hong Kong Sheng Kung Hui Welfare Council	3598 9192	ktchan@skhwc.org.hk
	Ms. IP Hiu Tung, Joan	Physiotherapy Department, TMH	5408 0824	joanipht@gmail.com
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Promotion and Public Relations Subcommittee Chairperson	Mr. WOO Chuen Hau, Alexander	The Hong Kong Polytechnic University	2766 5386	alexander.woo@polyu.edu.hk
Promotion and Public Relations Subcommittee Members	Dr. SU Yuen Wang, Ivan	SAHK	3965 4026	ivan_syw@sahk1963.org.hk
	Ms. CHAN Yee Wa, Eva	Hong Kong Metropolitan University	3970 8728	eywchan@hkmu.edu.hk
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	Ms. PANG Charis Garland	Physiotherapy Department, KH	3129 7135	pangcharis06@gmail.com